

REPORT OF
(Check one)

☐
☐

DISSOLUTION OF MARRIAGE
ANNULMENT OF MARRIAGE

FLORIDA

COUNTY			DATE OF FINAL JUDGMENT		
1			2		
DOCKET			VOL.		PAGE
3			4		
HUSBAND	HUSBAND—NAME				
	First		Middle		Last
	5				
	RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION	
	6a	6b	6c		
	STREET AND NUMBER				
	6d				
WIFE	WIFE—NAME				
	First		Middle		Last
	7a				
	RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION	
	8a	8b	8c		
	STREET AND NUMBER				
	8d				
PLACE OF THIS MARRIAGE—COUNTY		STATE (If not in U.S.A., name country)		DATE OF THIS MARRIAGE (Month, Day, Year)	
9a		9b		9c	
LIVING CHILDREN—TOTAL NUMBER		UNDER 18 YEARS OF AGE	PETITIONER Husband, Wife, Other (Specify)		
10a		10b	11		
ATTORNEY FOR PETITIONER—NAME			ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		
12a			12b		
CLERK OF CIRCUIT COURT			BY		
13					

HRS Form 513, 5-77 (Replaces OPCVS Form VS#400)

State of Florida
Department of Health and Rehabilitative Services
Vital Statistics